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Miss Shaw

See



City and County of the City of Exeter

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF
THE CITY OF EXETER,

1935.



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SCHOOL MEDICAL STAFF.

School Medical Officer.

GEORGE F. B. PAGE, M.D., D.P.H., Edin.

Assistant School Medical Officers.

JESSIE SMITH, M.B., Ch.B., D.P.H., Leeds.

BENJAMIN W. ANDERSON, M.A., M.D., D.P.H.,
St. Andrews. (Resigned 30-9-35).

ANDREW DICK, M.B., D.P.H., Glasgow. (Appointed 1-10-35).

Part Time.

J. A. W. PEREIRA GRAY, M.D., Brux., M.R.C.S., L.R.C.P.,
Lond.,

Operative treatment for Tonsils and Adenoids.

School Dental Surgeon.

GEORGE VALENTINE SMALLWOOD, L.D.S., Eng.

School Nurses.

MISS C. A. KNUCKEY.

MISS B. M. KNUCKEY.

MISS M. M. FOY.

MISS D. HICKSON.

MISS D. ARCHER.

Clerks.

W. G. LOTT.

N. E. SEARLE.

Annual Report
of the
School Medical Officer
for the
City and County of the City of Exeter,
1935.

To the Chairman and Members of the Education Committee.

I have the honour to submit my Report upon the Medical Inspection of School Children for the year 1935. The Report has been planned according to the instructions of the Board of Education and contains the information the Board requires.

1.—STAFF.

Particulars of the Staff are given on Page 3.

2.—CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health and the Assistant School Medical Officers are Assistant Medical Officers of Health.

3.—SCHOOL HYGIENE.

The various matters raised in the Appendix to the Report for 1934 have been under consideration by the Education Committee.

During the year the following improvements and alterations have been made :—

St. Thomas Infants' School	New Cloakrooms have been built ; larger windows made ; open corridor constructed ; central heating and electric lighting installed.
St. James' Infants' School	A Junior Instruction Centre has been fitted up.
Holloway Street Girls and Infants' School	Central heating and electric lighting installed.
John Stocker Senior Boys'	Electric lighting installed.
Exwick Mixed School	Electric lighting installed.
Bradley Rowe School	New temporary Classrooms built.

Considerable alterations and improvements have also been effected in two non-provided schools, viz :—St. Luke's College Boys' School and the Heavitree Parochial School.

4.—MEDICAL INSPECTION.

The age groups inspected have been the Entrants, Leavers and Intermediate Group of Children of 8 years of age. The Board's scheme of Inspection has been followed.

5.—FINDINGS OF MEDICAL INSPECTIONS AND TREATMENT.

(a) Uncleanliness.

During the year, 277 visits were made by the Nurses in this connection involving 21,922 examinations, the number found to be unsatisfactory being 1,267, a slight decrease on last year. No legal proceedings were taken under Section 87 of the Education Act, 1921, but 14 children had to be dealt with at the Cleansing Station.

When school medical inspection was in its infancy more than a quarter of a century ago, the general standard of cleanliness was far lower than it is to-day. Then, heads with live vermin and covered with nits were quite common, and even body lice were sometimes found. To-day a far higher standard is required and is found for the most part. Some of the slight cases classed

as unclean to-day, doubtless escaped notice altogether twenty-five years ago. The source of the trouble is a few careless householders and often enough the adolescent and adult members of the family are the reservoirs of infection and re-infection. Education, better housing conditions, and the steady influence of the school nurses and teachers have been powerful agents in bringing about a great change for the better.

(b) Minor Ailments.

Treatment for these is given at the School Clinic, see Table IV., Group I.

(i) Minor Eye Defects.

60 cases were treated at the School Clinic, making 348 attendances.

(ii) Minor Ear Defects.

74 cases were treated at the School Clinic, making 1,401 attendances.

(iii) Miscellaneous.

e.g., minor injuries, bruises, sores, chilblains, etc.

826 cases were treated at the School Clinic, making 6,426 attendances.

All the above were cured.

(c) Tonsils and Adenoids.

190 children received treatment under the arrangements made by the Education Authority, and 8 received operative treatment otherwise.

See Table IV., Group III.

(d) Tuberculosis.

Cases of infectious pulmonary tuberculosis of "the adult type" are very rare among school children. In fact the age periods covered by school life show a curiously low morbidity and mortality in respect of pulmonary tuberculosis. On the other hand the non-pulmonary forms of tuberculosis, together

with the form of tuberculosis that attacks the glands within the chest, are relatively common at these ages. These forms are not infectious and do not raise the same administrative problems as pulmonary disease. Nevertheless the treatment of tuberculous bones and joints is a long and expensive business, requiring much faith and patience on the part of the sufferer and his parents, and prolonged after-care on the part of the doctors concerned.

The improvement in modern diagnostic methods has tended to show that manifestations of tuberculosis are less common in school children than used to be supposed. There is no doubt that not so very many years ago various non-tuberculous conditions were confused with and classified as tuberculosis. Not only is this true of certain pulmonary conditions such as juvenile bronchiectasis and the sequelae of broncho-pneumonia, but also of some bone and joint diseases and even of certain pathological conditions of the alimentary system.

Of 17 cases referred to the Clinical Tuberculosis Officer, the diagnosis was confirmed in 1, not confirmed in 14, leaving 2 under observation at the end of the year. In addition 3 school children were treated at the Royal Devon and Exeter Hospital and 4 by the Devonian Association for Cripples' Aid on account of tuberculous conditions.

(e) **Skin Disease.**

(i) *Ringworm.*

The number of these cases continues to decrease. During the past year it was again found unnecessary to treat any by X-rays. 20 cases were seen at the School Clinic, all being treated there. 3 only of these were the troublesome ringworm of scalp, the remaining 17 being the relatively unimportant ring worm of the body. They made 306 attendances at the Clinic and at the end of the year all were cured.

(ii) *Impetigo.*

32 cases of this disease were seen and treated at the School Clinic, making 217 attendances, and all were cured.

(iii) *Scabies*.

10 families were found to be suffering with this disease, and 22 cases were treated at the Cleansing Station, all were cured.

(f) **External Eye Disease.**

In addition to those treated at the School Clinic, there were treated at the West of England Eye Infirmary 30 cases, 9 in-patients (4 squint, and 5 other conditions) and 21 out-patients. See Table IV., Group II.

(g) **Vision.**

400 children received advice under the arrangements made by the Local Education Authority for correction of errors of refraction (including squint), 19 being treated privately. 374 pairs of spectacles were supplied, many of these were re-examinations.

(h) **Dental Defects.**

These are referred to in Table IV., Group IV.

6.—INFECTIOUS DISEASES—School Children only.

An outbreak of diphtheria occurred in the northern area of the City. It began in July just as the schools were closing and was associated with Newton School in the first instance. Having subsided in this district it spread to St. Sidwell's School and reached its zenith in the early part of November. This outbreak which was responsible for two deaths was the subject of a special report to the Education Committee and is fully described in the Report of the Medical Officer of Health for this year.

Rubella and Whooping Cough were also prevalent during the year.

Other diseases were :—Scarlet Fever 42, Diphtheria 63, Chickenpox 150, Poliomyelitis 2, Rubella 57, Whooping Cough 113, Impetigo 32 and Ringworm 20.

7.—FOLLOWING UP.

The City is divided into four Health Areas each having its own Health Visitor, who acts as School Nurse, and its own Child Welfare Centre. Supervision of the child is therefore continuous from birth onwards so far as possible. Further medical co-ordination has been accomplished by making the districts of the Public Assistance District Medical Officers identical with these areas.

During the year the school nurses made 2,840 home visits against 3,130 the previous year, the decrease being due to the smaller number of infectious disease.

8.—MEDICAL TREATMENT AVAILABLE.

(a) **Minor Ailments** are treated at the School Clinic.

(b) **Tonsils and Adenoids** cases, by arrangement with the Public Assistance Committee, are operated upon at the City Hospital, and this arrangement has worked quite satisfactorily during the year.

(c) **Tuberculosis.**

(1) At the City Tuberculosis Dispensary.

(2) At Honeylands Children's Sanatorium and School which has 20 beds for all types of tuberculosis suitable for this form of treatment provided they are not surgical cases or examples of adult type phthisis.

(3) At the Tuberculosis Wards at the Exeter Isolation Hospital for sputum positive cases which are very rare in childhood.

(4) At the Princess Elizabeth Orthopaedic Hospital for cases of bone and joint disease, and at the Royal Devon and Exeter Hospital for other surgical cases.

(d) **Skin Diseases** are treated at the School Clinic.

(e) **External Eye Diseases** are treated at the School Clinic and also at the West of England Eye Infirmary, the latter being paid for at the rate of 2/- per visit, and all vision cases are dealt

with at the West of England Eye Infirmary, being charged for at the rate of 7/- for examination, plus cost of spectacles which varies in individual cases.

Doubtless more cases of squint would require treatment in Exeter School children if they were not remedied at the Child Welfare Centres in the first instance.

The trial of fusion treatment for squint cases, either with or without operation, has been continued, the cases being selected by the honorary surgeons of the West of England Eye Infirmary. The cost is ten shillings per period of three months, daily or as necessary. The cost of operative treatment for squint is £7-10-0 and for other cases 7/- per day.

Fusion treatment cases to date may be tabulated as follows—

- 13 cases discharged after receiving three months' treatment. (2 operation cases).
- 8 cases discharged after receiving six months' treatment. (2 operation cases).
- 3 cases discharged after receiving nine months' treatment.
- 1 case discharged after receiving twelve months' treatment.
- 1 case discharged after receiving fifteen month's treatment.
- 2 cases removed elsewhere.
- 5 cases under treatment.
- 2 cases discharged for irregular attendance.

Total 35 cases.

The aesthetic results are good ; the exact benefit to vision depends on circumstances. As with most other **forms** of treatment, the intelligent co-operation of the patient is **essential**.

(f) **Ear Disease and Hearing** cases are treated at the School Clinic.

(g) **Dental Defects** are treated at the School Dental Clinic, one whole-time Dental Surgeon being employed.

(h) **Crippling Defects and Orthopaedics.—Rheumatism.**

As previously reported the Devonian Association for Cripples' Aid has agreed with the Education Committee to examine and treat orthopaedic conditions in *elementary school children* at the Exeter Orthopaedic Clinic and at the Princess Elizabeth Hospital. The cost of treatment is defrayed by the Education Committee less contributions from parents and guardians on a scale approved by the City Council. The School Medical Officer in the capacity of Medical Officer of Health is a member of the General Purposes Committee of the Association. The capital outlay necessary for this work is obtained by voluntary subscriptions, but maintenance charges are principally met by the payments of local authorities in respect of cases treated. The fact that a complete orthopaedic service is available is of the greatest possible value to the City. The normal charges are :—Clinic 4/- per visit. Hospital £2-10-0 per week. X-ray examinations and special appliances extra.

With the approval of the Board of Education, arrangements have now been made with the Devonian Association for Cripples' Aid for the admission of suitable cases of juvenile rheumatism (cardiac cripples) to their convalescent home at Tipton St. John. Such cases frequently need prolonged medical care during convalescence which may be combined advantageously with a certain amount of education. In this way it is hoped to prevent relapses and serious cardiac disability. Hitherto the needs of a few cases have been met by individual arrangements, but it is obvious that the circumstances of the patient may make this plan impossible. Although the number of these cases occurring in Exeter elementary schools is small, a definite scheme on their behalf is very welcome.

(i) **Diseases of the Nervous System.**

With the approval of the Board of Education, difficult cases of nervous disease, whether functional or organic, may now be sent for advice and treatment to the Clinic at the Exeter Dispensary conducted by Dr. R. N. Craig. The effect of this is to regularise a practice which has been followed unofficially for some years past, with, it is feared, insufficient acknowledgment of the

services rendered. Dr. Craig's valuable services have always been freely given and his advice in this type of case is very much appreciated.

(j) **Contributions towards the Cost of Treatment.**

All parents making use of the School Medical Treatment Schemes are called upon to pay according to their means, on a scale approved by the Ministry. During the year 1934-35 the cost and contributions were as under.

	<i>Cost to Authority.</i>			<i>Contributions by Parents.</i>		
	£	s.	d.	£	s.	d.
Tonsils and Adenoids	399	17	0	90	11	6
Eyes	397	16	6	81	3	0
Orthopaedic	377	8	1	55	14	2
Dental	724	10	10	49	8	0

9.—OPEN AIR EDUCATION.

At Honeylands Children's Sanatorium the school is conducted on open-air principles. There is no open-air day school in Exeter.

10.—PHYSICAL TRAINING.

The importance of physical training and organised games in any scheme of education has been noted in former reports : the question of an area organiser has also been discussed. The Board of Education refers to the matter in two recent circulars, Nos. 1,444 and 1,445—

Circular 1444 states—

"Bodily health can only be maintained and improved by systematic physical education, and while organised games play an important part in this, the best means of securing continued physical fitness is by physical exercises in school premises, or in the open air. The Board are anxious that Local Education Authorities should now consider the framing of comprehensive schemes of physical education covering all types of school, and they propose shortly to issue a circular dealing with the whole question."

Circular 1445 deals with the whole question of physical education, not only of elementary and secondary school children, but of adolescents and young adults, including the unemployed. It states—

“ The Board attach great importance to the appointment of Organisers in the areas of all Local Education Authorities and regard their services as essential to the progress of physical training, both inside and outside the schools. They should be the keystone of the whole structure of physical education for children in the schools and for all young people living in the area, and experience has shown that where their guidance is available the general standard of physical education is undoubtedly much higher than elsewhere. It is, therefore, a matter for regret that only 124 of the 316 Local Education Authorities in England and Wales have yet seen their way to appoint Organisers, either separately or in combination with other Authorities, and that even in many of those areas the number of Organisers is insufficient. The Board desire to urge most strongly that the time has now come when the appointment of a sufficient number of qualified men and women Organisers should be regarded as an indispensable part of the provision for physical education made by all Authorities.”

The Circular concludes with these words—

“ In conclusion, the Board desire to impress upon Authorities the importance of developing their arrangements for physical education, and to express the hope that they will co-operate cordially with voluntary organisations in providing facilities for young people no longer at school. The foundations for a complete and efficient system of physical education have been laid ; it is now the task of Authorities, teachers and voluntary organisations throughout the Country to build upon those foundations a complete structure, which will be of inestimable value in the development of a healthy, happy and vigorous community.”

During the summer holidays, August 6th to 31st, two Play Centres were organised by the Education Committee—one at St. Loye's and the other at St. Thomas. Equipment was provided for various games and sports, including a sand pit for the youngest children. The daily sessions were 10.30 to 12 noon, 2.30 to 4.30 and 6 to 8 p.m.

The attendance at each centre varied from 150 to 200, the maximum being in the afternoons.

Each centre was in charge of an assistant master with voluntary helpers.

From every point of view this is a valuable service and thanks are due to those who gave up their time to the organisation.

11.—PROVISION OF MEALS.—Milk in Schools Scheme.

Of 36 school departments, 27 have adopted the official scheme, that is pasteurised milk at one half-penny per third of a pint. One of these departments run another scheme as well, six departments provide malted milk or cocoa, and three have no scheme.

Approximately two-thirds of the children on the roll take milk in the 27 school departments mentioned, but the actual number varies with the weather and other circumstances.

It has been possible to supply hot milk in some of these schools, thus doing away with one reason, perhaps the commonest reason, why some children dislike milk.

A glance at the nutrition figures given elsewhere in this report shows that no less than one-quarter of the elementary school children examined were above the average, 64.4% were average and only 10.4% below the average, none being classified as very bad. Nutrition is a complex subject, both standards and causes vary. There are many reasons for slight malnutrition besides lack of food: probably bad management in the home and physical illness are more frequent causes than actual want.

During the winter—1934-35 the School Medical Officer personally undertook a rapid survey of the elementary schools, using information given by teachers and the school nurses, as well as the reports of the assistant medical officers. This failed to reveal anything that could be classified as malnutrition due to lack of food.

There is no doubt that cases of ill health recover more quickly when suitable food is supplied, and it was satisfactory to note that this was being done in all cases where it is permissible under one or other of the Committees of the Local Authority. A point which was brought out by this survey was the desirability of continuing the milk scheme during the Christmas and Easter holidays, at least in certain areas. During the longer summer holiday it is almost certain that there would be little demand. I am indebted to Mr. D. Stewart Brown, Area Organiser of the National Milk Publicity Council, and the St. Loye's Townswomen's Guild for organising a successful scheme for that area during

the Easter holidays. It was not found possible to make arrangements in connection with the Play centres during the summer holidays.

At Hele's School (Secondary) a hot mid-day meal is supplied on all days when there is afternoon school.

The meal consists of two courses (meat and two vegetables, followed by pudding) and the cost is £2 per term. About 35 boys avail themselves of this service and as some come considerable distances to school its value is obvious.

12.—SCHOOL BATHS.

There is no change to report.

During the year 1,604 children received instruction against 1,536 in 1934 and there were 14,613 individual attendances against 12,895, 623 lessons being given. Certificates were gained as follows :—for 25 yards 479, for 50 yards 246, for 100 yards 259, and for 50 yards backstroke 117. In addition 44 lessons were given to 192 children at Head Weir.

13.—CO-OPERATION OF TEACHERS, PARENTS, VOLUNTARY BODIES, ETC.

My thanks are due to the Head Teachers of the City for all they do in facilitating the medical inspections and other work among school children, and particularly for the interest shown in the Milk in Schools Scheme.

The value of parents attending the routine examinations of their children is obvious. The proportion of parents present at these examinations were 77%.

14.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Particulars of these are given in Table 3.

Mentally defective children of school age fall into four classes from an administrative point of view :—

- (1) Educable more or less in an ordinary school.

- (2) Educable in a special school or institution if parents are willing to send them there.
- (3) Educable in a special school or institution, but parents unwilling to send them there.
- (4) Ineducable.

Under the Mental Deficiency Acts, it is impossible to compel a parent to send a child to an institution unless the child is neglected ill-treated or abandoned. This means that children coming under class 3 are excluded from ordinary schools and are receiving no training at home.

Valuable time is thus lost and not infrequently such children grow up to be wilful, tiresome and more or less out of control. With improving institutional accommodation and having regard to the excellent training now given, the time is approaching when a change in the law might well be made.

15.—SECONDARY AND JUNIOR TECHNICAL SCHOOLS.

(a) Medical Inspection.

The School Medical Department inspects two such schools, namely Hele's School with a roll of approximately 375 boys and the Junior Technical School with a roll of 80.

The inspections are made annually in October. Hele's School was inspected by the School Medical Officer, the age groups being in accordance with the Board of Education's Memorandum dated November, 1925. The Junior Technical School was inspected by Dr. A. Dick, all the boys being submitted to a full inspection.

(b) Medical Treatment.

There are no arrangements made for treatment by the Local Education Authority of those children found to be defective, and they are treated by their own medical and dental attendants. The arrangements for following up are left in the hands of the Headmasters of the Schools.

Reference to Table II. will show the defects found and the amount of treatment obtained up to the end of the year.

16.—CONTINUATION SCHOOLS.

None.

17.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Under the Bye-Laws in force, 169 medical certificates were issued and 109 children were re-examined for continuation of employment.

In 29 cases medical certificates were deferred owing to the children requiring medical treatment. Certificates were granted in 11 cases only, 18 not having obtained treatment.

18.—CHILDREN AND YOUNG PERSONS ACT, 1933.

The City Council as Local Authority, has delegated its powers under this Act to the Education Committee, other than any powers to borrow money and with the exception of powers arising out of section 12 (Failure to provide for safety of children at entertainments), section 65 (Power of Poor Law Authority to bring a refractory child before a Juvenile Court), section 77 (Provision of Remand Home), and Part 5 (relating to Voluntary Homes).

The School Medical Officer and his Assistants make the necessary examinations, and the Secretary for Education acts as Central Officer for collecting the various documents and reports that may be required. Arrangements have been made with private medical practitioners for the treatment of children and young persons who may be sick while in remand homes or under the guardianship of fit persons.

During the year 10 examinations were made under this Act. Three cases were reported to be feeble-minded and dealt with accordingly, six were sent to approved schools and one was sent to the City Hospital for necessary medical treatment and subsequently sent to an approved school. At present three children are boarded out under this Act.

19.—ORTHOPAEDIC TREATMENT.

The Devonian Association for Cripples' Aid have continued their valuable work on behalf of school children referred to them.

The figures for the year are as follows.—Hospital Cases 14, Clinic Cases 56 ; Total 70. They were classified as follows :—

Infantile Paralysis	.....	18	
Rickets	.....	11	Note.—Tuber-
Condition due to injury	.....	3	culous cases are
Congenital defects	.....	9	dealt with
Tuberculosis	.....	1	through the
Miscellaneous	.....	28	Tuberculosis
		—	Dispensary.
Total	.....	70	
		—	

I am, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE,

School Medical Officer.

ELEMENTARY SCHOOLS.
1935.

ELEMENTARY SCHOOLS, 1935.

Population of City	.....	67,800
Elementary School Population	.....	7,796
No. of Elementary Schools	.....	21
No. of Departments	.....	36

TABLE I.

**Return of Medical Inspections 1st January to 31st December,
1935.**

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	.....	1,043
Second Age Group	706
Third Age Group	678
Total	<u>2,427</u>

Number of other Routine Inspections	71
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B.—OTHER INSPECTIONS.

Number of Special Inspections	2,484
Number of Re-Inspections	<u>1,984</u>
Total	.....	<u>4,468</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to require treatment (excluding **Uncleanliness and Dental Diseases**).

Prescribed Groups.

Entrants	161
Second Age Group	100
Third Age Group	87
Total (Prescribed Groups)	348

Other Routine Inspections	20
Grand Total	368

B. CLASSIFICATION OF THE NUTRITION OF
CHILDREN INSPECTED DURING THE
YEAR IN THE ROUTINE AGE GROUPS.

(In accordance with Administrative Memorandum No. 124,
dated 31st December, 1934).

Age-Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1043	291	28.0	642	61.5	110	10.5	—	—
Second Age-Group	706	138	19.5	482	68.3	86	12.2	—	—
Third Age-Group	678	186	27.3	432	63.7	60	9.0	—	—
Other Routine In- spections	71	16	22.5	49	69.0	6	8.5	—	—
Total	2498	631	25.2	1605	64.4	262	10.4	—	—

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1935.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
SKIN :—				
Ringworm—Scalp	1		4	
Body	2	1	17	4
Scabies	1		21	
Impetigo	3	5	32	
Other Diseases (Non-Tuberculous)	3	182	968	46
EYE :—				
Blepharitis		35	9	1
Conjunctivitis	1	6	44	1
Keratitis				
Corneal Opacities		1		
Other Conditions (excluding Defective Vision and Squint)	8	24	94	20
Defective Vision (excluding Squint)	92	93	127	9
Squint	21	37	3	
EAR :—				
Defective Hearing		45		
Otitis Media	6	11	45	3
Other Ear Diseases	9	8	43	7
NOSE AND THROAT :—				
Chronic Tonsillitis only	34	299	4	2
Adenoids only	6	26	4	
Chronic Tonsillitis and Adenoids	130	119	101	19
Other Conditions	6	237	96	28
ENLARGED CERVICAL GLANDS :— (Non-Tuberculous)		475		1
DEFECTIVE SPEECH :—		64		

TABLE II.—continued.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION :—				
Heart Disease :		9	1	2
Organic		8	1	
Functional		44		
Anaemia				
LUNGS :—				
Bronchitis		38		3
Other Non-Tuberculous Diseases		6		
TUBERCULOSIS :—				
Pulmonary :—				
Definite				
Suspected		1		
Non-Pulmonary :—				
Glands		3		
Bones and Joints		1		
Skin		1		
Other Forms				1
NERVOUS SYSTEM :—				
Epilepsy		1		
Chorea	1			
Other Conditions		26		2
DEFORMITIES :—				
Rickets		155		
Spinal Curvature		10		1
Other Forms	9	98	13	1
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases)	24	384	75	127
TOTAL	357	2453	1702	278

TABLE III.—Return of all Exceptional Children in the Area.**Blind Children.**

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally blind, and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

Partially Sighted Children.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
3	—	—	—	1	4

Deaf Children.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

TABLE III.—continued.**Partially Deaf Children.**

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	—	2

Mentally Defective Children.**FEEBLE-MINDED CHILDREN.**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
19	53	1	2	75

Epileptic Children.**Children suffering from Severe Epilepsy.**

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as “severe” cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	Nil.

TABLE III.—continued.**Physically Defective Children.****A. TUBERCULOUS CHILDREN.**

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I. Children suffering from Pulmonary Tuberculosis.

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	26	1	—	38

II. Children suffering from Non-Pulmonary Tuberculosis.

(This category should include tuberculosis of all sites other than those shown in I. above).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	39	—	—	43

B.—DELICATE CHILDREN.

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	7	—	—	11

TABLE III.—continued.**C.—CRIPPLED CHILDREN.**

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
7	28	—	—	35

D.—CHILDREN WITH HEART DISEASE.

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	11	1	—	12

Children suffering from multiple defects.

Information is only required in respect of children suffering from any combination of the following types of defect :—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in Section C above).
- Heart Disease.

Number of children suffering from any combination of the above defects—1.

TABLE III.—continued.

Statement of the number of Children notified during the year ended 31st December, 1935, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 7

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. Children incapable of receiving benefit or further benefit from instruction in a Special School : Imbeciles	2	1
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	2	2
GRAND TOTAL	4	3

TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1935.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness) for which see Group VI.

Disease or Defect. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm Scalp—			
(i). X-ray Treatment. If none, indicate by dash	—	—	—
(ii). Other Treatment	3	—	3
Ringworm—Body	17	4	21
Scabies	22	—	22
Impetigo	32	3	35
Other skin disease	—	—	—
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II.)	60	2	62
MINOR EAR DEFECTS—			
.....	74	1	75
MISCELLANEOUS—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	826	—	826
Total	1034	10	1044

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction including Squint.....	400	19	419
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	30	2	32
Total	430	21	451

TABLE IV.—GROUP II.—continued.

Defect or Disease.	No. of children for whom spectacles were—					
	Prescribed. (a)			Obtained. (b)		
	Under the Authority's Scheme.	Other-wise.	Total.	Under the Authority's Scheme.	Other-wise.	Total.
Errors of Refraction (including Squint)	374	19	393	374	19	393

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

Received Operative Treatment.

Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				Received other forms of Treatment. (4)	Total number Treated. (5)
i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv		
—	—	190	—	—	—	8	—	—	—	198	—	96	294

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other Defects of the Nose and Throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	
Number of children treated	14	—	67	

	Othersiwe. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	
Number of children treated	—	—	—	79

TABLE IV.—continued.

Group V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dental Surgeon.

(a) Routine age-groups

Age	5	6	7	8	9	10	11	12	13	14	Total.
Number	635	805	825	718	771	675	530	429	311	57	5,756

(b) Specials 302

(c) TOTAL (Routine and Specials) 6,058

(2) Number found to require treatment 2,331

(3) Number actually treated 1,775

(4) Attendances made by children for treatment 3,573

(5) Half-days devoted to :—

Inspection 66

Treatment 349

Total 415

(7) Extractions :—

Permanent Teeth 646

Temporary Teeth 1856

Total 2502

(8) Administration of general
anaesthetics for ex-
tractions 741

(6) Fillings

Permanent Teeth 1421

Temporary Teeth 87

Total 1508

(9) Other Operations :—

Permanent Teeth 901

Temporary Teeth 787

Total 1688

Group VI.—Uncleanliness and verminous conditions.(i). Average number of visits per school made during the year
by the School Nurses 7(ii). Total number of examinations of children in the Schools by
School Nurses 21,922

(iii). Number of individual children found unclean 1,267

(iv). Number of children cleansed under arrangements made by the
Local Education Authority 14

(v). Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921 Nil.

(b) Under School Attendance Bye-laws Nil.

Table V.—Table showing number of Children who attended the Inspection Clinic for Examination.

Total—1935	3,175
They were sent by the following :—	
Head Teachers	1687
School Medical Officer	538
School Nurse	222
Medical Practitioners	4
Parent's Own Initiative	374
Miscellaneous	29
*Inquiry Officers	321
Total	3175

Conditions requiring Examination.

Uncleanliness	Dental Diseases
Ringworm	Heart and Circulation
Impetigo	Lung (Non-Tubercular)
Ear Disease	Nervous System
Defective Vision	Deformities
Nose and Throat	Other Defects and Diseases
Glands	*Certificates of Fitness to
Defective Speech	attend School, Employ-
	ment Certificates, &c.

Secondary School
 and
 Junior Technical School
 1935.

TABLE I.

Return of Medical Inspection 1st January to 31st December, 1935

INSPECTED :—

School.	Examinations.		Total
	Complete.	Curtailed.	
Junior Technical (Boys)	73	—	73
Hele's (Boys)	207	147	354
Total	280	147	427

TABLE II.

A. RETURN OF DEFECTS found in the Course of Medical Inspection, 1935.

School.	Defect or Disease.	EXAMINATIONS.				Had Treatment at end of year.
		Complete.		Curtailed.		
		No. of Defects		No. of Defects		
		Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	
	(1)	(2)	(3)	(4)	(5)	*
Junior Technical (Boys)	Vision	6	2	—	—	3
	Tonsils and Adenoids	4	1	—	—	2
	Teeth	8	1	—	—	2
	Ear Disease	—	—	—	—	—
	Other Defects	1	4	—	—	—
Hele's (Boys)	Malnutrition	—	2	—	—	—
	Skin Disease	—	—	1	—	1
	Eye Disease	1	—	3	—	4
	Vision and Squint	17	4	10	4	24
	Ear Disease	1	—	—	—	1
	Tonsils and other Conditions	2	7	—	—	1
	Teeth	6	—	3	—	8
	Heart Trouble	—	—	—	1	—
	Deformities	1	3	—	—	1
	Other Defects	12	9	3	—	11

*This return was made only two months after the inspection, no doubt the other defects will be remedied before the next inspection.

TABLE II.—continued.

B. Number of *individual children* found at *Routine Medical Inspection* to require treatment.

School.	Group.	Number of Children.		Percentage of Children found to require treatment.
		Inspected.	Found to require treatment.	
Junior Technical (Boys).	Complete Examinations	73	17	23.3
	Total	73	17	23.3
Hele's (Boys).	Complete Examinations	207	39	18.7
	Curtailed Examinations	147	19	12.5
	Total	354	58	16.4

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1935

Nil

TABLE IV.

GROUP I.—Treatment of Minor Ailments, 1935.

No arrangements are made by the Local Education Authority for treatment.

GROUP II.—Defective Vision and Squint.

School.	Defect or Disease.	Number of Defects dealt with.		
		Submitted to refraction by private practitioner or at Hospital	Other-wise.	Total.
Junior Technical (Boys).	Errors of Refraction (including Squint)	3	—	3
	Total	3	—	3

Total number of Children for whom spectacles were prescribed and received spectacles—3.

Hele's (Boys).	Errors of Refraction (including Squint)	24	—	24
	Total	24	—	24

Total number of Children for whom spectacles were prescribed and received spectacles 17.

GROUPS III., IV., and V.—Nil.